

# EXHIBIT N

FORM 4187 (REV 4/01)  
07/05/18STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONAL SERVICES

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CONTINUOUS TEMPORARY RELEASE PROGRAM  
TRC REVIEW FORM

HUDSON IND TRAINING FACILITY

BOX 576

HUDSON

NY 12534

(518) 828-4311

FOR: WILLS, RUBEN W  
INMATE NAME17A3437  
DIN[REDACTED] WR-0B-36B  
NYSID LOCATION

REVIEW TYPE: PROGRAM REVIEW REVIEW NUMBER: 20180000623 REFER DATE: 07/03/18

REVIEW STATUS: \*\*\* COMPLETE NO TRANSFER \*\*\*

REFERRED TO THE TRC BY: R. DYNYSIUK, ORC FOR THE FOLLOWING REASONS:

< NON DWI IT INMATE IS REQUESTING PERMISSION FOR OVERNIGHT FURLOUGHS. HE HAS >  
< BEEN IN IT SINCE 4/6/18, MEETING THE 90 DAY TIME REQUIREMENT. HE PLANS TO >  
< FURLOUGH TO HIS FRIEND, JAMEL RIVERS, IN NASSAU COUNTY. >  
< >

HEARING SCHEDULED - TIME: 1300 DATE: 07/03/18 LOCATION: HUDSON WR

INMATE WAIVED 24 HOUR NOTICE: YES  
INMATE WAIVED APPEARANCE : YES  
INMATE PRESENT : NO

## EVALUATION:

< 6/14/18: INM REC'D A T2 FOR UNAUTH. MED. HE REC'D 30 DAYS LOSS OF REC, PKGS, >  
< COMMISSARY & PHONES AND TRC COUNSELING. PRIOR TO THIS INCIDENT, INMATE HAS >  
< HAD SATISFACTORY PROGRAMMING AND DISCIPLINE. >

TRC RECOMMENDATION: PROG REVIEW - STATUS CHANGE

< TRC RECOMMENDS INMATE BE APPROVED FOR OVERNIGHT FURLOUGHS. >  
< >  
< >  
< >TRC CHAIRPERSON: S. KING  
TRC MEMBER: A. COLANERI

TRC MEMBER: R. DYNYSIUK

SUPERINTENDENT DECISION: PROG REVIEW - STATUS CHANGE

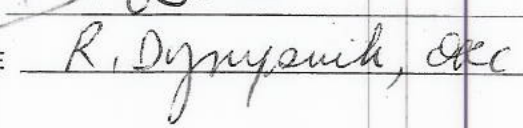
< APPROVE OVERNIGHT FURLOUGHS >  
< >  
< >  
< >

SUPERINTENDENT ELECTRONIC APPROVAL: TOMLIN, ANITA

DATE 07/03/18

INMATE SIGNATURE 

DATE 7.9.18

WITNESS SIGNATURE 

DATE 7/9/18